



Customer Assistance Center Employee Guide

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Table of Contents

Revision History	iii
Section 1: Administrative Items	1-1
Normal Phone Operational Hours	1-1
Reporting Unscheduled Time Off (Calling in When Unable To Report to Work)	1-1
Breaks and Lunch	1-1
Time Tracking Systems	1-2
Requesting Vacation and Personal Time Off	1-2
Section 2: Daily Tasks and Common Requests for CAC Representatives	2-1
Phone System Login Instructions	2-1
Escalating Problem Calls	2-2
Record OnDemand	2-2
Voice Mail Instruction Sheet	2-2
Claims Research	2-3
Claim Pull or Reprocessing Requests	2-4
Stop Pay and Voiding Issued Checks	2-4
Provider Certification Codes (PrimeStep and Medicaid Select)	2-4
Provider Forms Request	2-5
Provider Request Duplicate Remittance Advice	2-6
Appendix A: Voice Mail Instructions	A-1
Appendix B: Recording Time	B-1
Helpful Hints On How To Record Your Time	B-3
Index	I-1

Section 1: Administrative Items

Normal Phone Operational Hours

The Customer Assistance Unit answers calls for five hotlines; the hours of operation for each of the hotlines are shown in Table 1.1.

Table 1.1 – Hours of Operation

Hotline	Hours of Operation (Times Shown in Indianapolis Time)
Provider Customer Assistance, Provider Enrollment, and Member	8 a.m. – noon and 1 p.m. – 5 p.m.
Premium Vendor Services	8 a.m. – 6 p.m.
Pharmacy/Hoosier Rx	8 a.m. – 5 p.m.

Reporting Unscheduled Time Off (Calling in When Unable To Report to Work)

When you are unable to report to work, and the absence is unscheduled, call the customer assistance supervisor at (317) 488-5165. If the supervisor is unavailable, leave a voice message stating the following:

- Name
- Date
- Reason for absence

If your supervisor is out of office:

1. Notify your supervisor's designated backup. If you do not know the designated backup's phone number, you should contact the switchboard operator at (317) 488-5000 and ask to be transferred to the designated backup.
2. Call the Customer Assistance line at (317) 655-3240 or 1-800-577-1278 to notify the appropriate team captain(s).
3. Call the Member and Provider Relations Department director at (317) 488-5345. If the Member and Provider Relations director is unavailable, leave a voice message stating the following:
 - Name
 - Date
 - Reason for absence

Breaks and Lunch

- You have two assigned 20 minute breaks each day. This includes one morning break and one afternoon break.

- CAC representatives answering Customer Assistance, Member, and Provider Enrollment lines that are shut down from noon to 1 p.m. **take a lunch break during this time.**
- Premium Vendor Services (PVS) and Pharmacy CAC representatives have assigned lunch breaks. Those assigned lunch breaks are shown in Table 1.2.

Table 1.2 – Lunch Break Schedule for PVS and Pharmacy

PVS Lunch Break Schedule	Pharmacy Fee-For-Service/Hoosier Rx Lunch Break Schedule
One person 11:00 – 12:00	Two people 11:00 – 12:00
Three people 12:00 – 1:00	One person 11:30 – 12:30
One person 1:00 – 2:00	Two people 12:00 – 1:00
	One person 12:30 – 1:30

Note: This schedule is subject to change.

Time Tracking Systems

There are two time tracking systems, and you are required to enter your time into both systems if you are an EDS employee. Contract employees must enter their time in only one system in addition to the time reporting system required by the contractor.

- EDS employees are required to enter time in the Employee Self-Service for the Enterprise System (CATS). **This is the system that determines how EDS employees are paid.** EDS employees receive hands-on training for this system during new employee orientation.
- EDS and contract employees are both required to enter their time in the U.S. Time Reporting System (SAPS). All employees receive hands-on training for this system during new employee orientation. **A copy of the Client Services Time Recording Activity Guide is included in Appendix A of this manual.**
- Employees should enter time in the appropriate system(s) each day.
- Contract employees must provide a copy of the time sheet required by the contractor to the customer assistance supervisor.

Requesting Vacation and Personal Time Off

When you want to schedule vacation and personal time off, follow these procedures:

- Open the vacation schedule for the current year, located at *L:\Client Services\CS CA Job Menu\200X Vac Schedule.xls*. This spreadsheet is available as a read only file. It contains a legend that explains the color coding used on the Team Vacation Schedule worksheet. This spreadsheet indicates when any of the customer assistance phone representatives have requested day(s) off. Due to the business environment:
 - Only two regular CAC representatives can be scheduled off on the same day.
 - Only one pharmacy CAC representative can be scheduled off on the same day.

Only the supervisor can make exceptions to this rule depending on the circumstances.

- If the desired day(s) is available, send an e-mail to the appointed representative (Pam Freed) stating the requested date(s) and reason.

- The appointed representative coordinates the request with the supervisor to obtain approval.
- If the supervisor approves the time off, the appointed representative updates the team vacation schedule appropriately and sends an e-mail to the requestor to indicate that the time off was approved.
- If the supervisor denies the request, the appointed representative sends an e-mail to the requestor to explain why the request was denied.

Section 2: Daily Tasks and Common Requests for CAC Representatives

Phone System Login Instructions

Each morning you must log into the telephone system. The following instructions detail logging in and logging out of the telephone system.

To login:

1. Press the **Login** button on the telephone.
2. Enter the assigned four-digit login number (a four-digit number is assigned to you when the phone profile is set up) on the telephone keypad. This logs you into the phone system at the System default, AUX status.

To answer calls:

3. Press the available (**Avail**) button.

To AUX out:

4. Press the **AUX** button and enter the appropriate AUX reason code on the telephone keypad. If you forget to enter the appropriate AUX reason code, calls will still be directed to your phone. If a call is directed to the phone and it is not answered, the call goes back in the queue. These calls are classified as Redirect On No Answer (RONAs).

Table 2.1 – AUX Reason Codes

Reason Code	Description
AUX + 1	Lunch
AUX + 2	Break
AUX + 3	Other
AUX + 4	Meeting
AUX + 5	Training
AUX + 6	Reports
AUX + 7	Special Projects
AUX + 8	Claims Research/Pull
AUX + 9	PVS Research
AUX + 0	System Default

To logoff at the end of the day:

5. Press the **Logoff** button and enter the appropriate logout reason code on the telephone keypad. The logout reason codes are listed in Table 2.2.

Table 2.2 – Logout Reason Codes

Reason Code	Description
LOGOFF + 3	End Of Shift
LOGOFF + 6	Outside Appointment
LOGOFF + 9	Vacation
LOGOFF + 0	System Default

Escalating Problem Calls

- When you experience a difficult caller, you should first attempt to diffuse the situation. If you cannot diffuse the situation, then contact one of the two team captains.
- If the team captain cannot defuse the situation, the captain will involve the CAC supervisor in the issue.

Note: Team captains change every quarter.

Record OnDemand

Periodically, it may be necessary to record a call in OnDemand. To do so, follow these procedures:

1. Press the **AUDIX-Rec** (Record OnDemand) button on the telephone.
 - The light on the button blinks.
 - The display on the phone changes to conference.
 - The light on the button remains lit when AUDIX is ready to record.
2. The recording may be stopped at any time. To stop recording, press the **AUDIX-Rec** button again and the call remains active. Press the **AUDIX-Rec** button to start and stop recording the same conversation any number of times, but each time you will be creating a separate recorded message in the agent's voice mail box.
3. If the agent hangs up, recording stops. If the caller hangs up, recording does not stop immediately.
4. If the message needs to be saved for any reason, forward the message via voice mail to a member of the Premium Vendor Services (PVS) customer assistance team.

The PVS customer assistance team has specialized software, and they can save the recording as a .wav file so that anyone with Windows Media player can listen to the recorded message.

Voice Mail Instruction Sheet

Instructions for using voice mail are included in Appendix A of this manual.

Claims Research

When a provider calls with an issue about a claim that cannot be resolved quickly over the phone (especially if the phones are busy), you should write the caller's name and telephone number that appears on the screen print on a piece of paper to use for future communication.

Note: You can ask team members for assistance when doing research before handing it off to the research person.

- Capture a screen print of the IndianaAIM window, including the explanation of benefits (EOBs), errors, Adjustment Reason Codes (ARCs), and remarks of the following claim types, as appropriate:
 - Paid/Denied UB-92 Claim
 - Paid/Denied Physician Claim
 - Paid/Denied Dental Claim
 - Paid/Denied Pharmacy Claim
- During non-peak volume call time, research these issues using the following tools:
 - Refer to the *IHCP Provider Manual*.
 - Refer to IHCP provider banner pages.
 - Refer to IHCP provider bulletins.
 - Refer to the IHCP monthly newsletter.
 - Search the Issue Management tool located at <http://pwb.mm.inxix.sod.eds.com/issues/IssuesHome.aspx> to determine if similar issues are being addressed.
- If you still cannot resolve the issue:
 - Write a description of the issue on the screen print
 - Write your name and date on the screen print
 - Submit the issue to the assigned research person, after exhausting all attempts to resolve the issue using the resources available

Note: The assigned research person will not work any issues that are submitted without a name.

Claim Pull or Reprocessing Requests

When a provider calls with an issue related to a paper claim that must be pulled or reprocessed because of keying errors or edit errors, you must first determine if the paper claim has been imaged in OnDemand. You will follow the appropriate procedures based on the status of the claims image:

- If the paper claim has not been imaged with the area of error on the screen print, then you must do the following:
 - Capture a screen print of the IndianaAIM window for the appropriate claim type:
 - a. Paid/Denied UB-92 Claim
 - b. Paid/Denied Physician Claim
 - c. Paid/Denied Dental Claim
 - d. Paid/Denied Pharmacy Claim
 - Complete the *Claim Retrieval* form located at: *L:\Client Services\CS CA Repository\Procedure\Claims Pull and Reprocessing\Claim Retrieval Form*. Also see the complete procedure located at *L:\Client Services\CS CA Repository\Procedures\Claims Pull and Reprocessing\Claim Retrieval*.
- If the paper claim has been imaged in OnDemand, you must do the following:
 - Capture a screen print of the IndianaAIM window for the appropriate claim type:
 - a. Paid/Denied UB-92 Claim
 - b. Paid/Denied Physician Claim
 - c. Paid/Denied Dental Claim
 - d. Paid/Denied Pharmacy Claim
 - Print a copy of the claim and attachments from the OnDemand Imaging area:
 - a. Complete the *Claim Issue Notification* form located at *L:\Client Services\CS CA Job Menu\Claim Issue Notification*. Also see the complete procedure located at *L:\Client Services\CS CA Repository\Procedures\Claims Pull and Reprocessing\Claim Issue Notification*.

Stop Pay and Voiding Issued Checks

If a provider calls to request a Stop Pay or asks for a check to be voided, you must follow the instructions located at *L:\Client Services\CS CA Repository\Procedures\Stop Pay Procedure*.

Provider Certification Codes (PrimeStep and Medicaid Select)

A provider's office may call because the office did not receive their Cert. Code for the quarter. You must follow the appropriate procedures based on the provider's request. Specific procedures are as follows:

Note: If it is a provider needing another provider's Cert. Code, do not give the Cert. Code to the other provider.

- If the provider's office requests the Cert. Code verbally (over the phone):
 - Document the call in the *IndianaAIM Phone Tracking Log*.
 - a. Select the Inquiry Type – **13** for Managed Care.

- b. Verify the provider's group number, provider number, or tax ID using the Provider Maintenance windows in IndianaAIM.
- Document the following in the *Phone Tracking Log*, under **Options, Phone Attachment**:
 - a. Enter one of the following:
 - i. Group number
 - ii. Rendering provider number
 - iii. Tax ID number
- Record the name of the caller.
- Record your initials and the date.
- If the provider's office requests documentation in writing or requests a hard copy of its roster, complete the *Tracking/Referral Slip Form for Cert Codes*, located at *L:\Client Service\CS CA Repository\Forms\Cert Code Request*, and complete the following information. (Be sure to include the cert. code(s) information that was given to the provider, and give the completed form to the appropriate customer assistance center representative.)
 - Date
 - PMP Provider Name
 - Provider Number
 - Group Number
 - Provider Phone Number
 - Provider Fax Number
 - Name of Caller
 - Brief Description of Issue (Include the cert. codes given to the provider in this area of the form)
 - Check **Is the address Correct in AIM?** (See Step 2 of instructions on the *Tracking/Referral Slip Form*) and select the appropriate box, **Yes** or **No**.
 - EDS Analyst Name

Place the completed form in the appropriate folder located at the designated CA representative's cubicle. The designated CA representative processes the forms and completes the following steps:

- Faxes copy of the completed *Tracking/Referral Slip Form* with the cert. code entered as part of the brief description. This can be handwritten.
- Takes requests for a roster to Managed Care (Fred Mirmelstein, or other assigned Managed Care Unit representative).

Provider Forms Request

If a provider's office calls with a request for forms that EDS supplies, complete the Indiana Health Coverage Programs Forms Request located at *L:\Client Service\CS CA Repository\Provider Forms Request*.

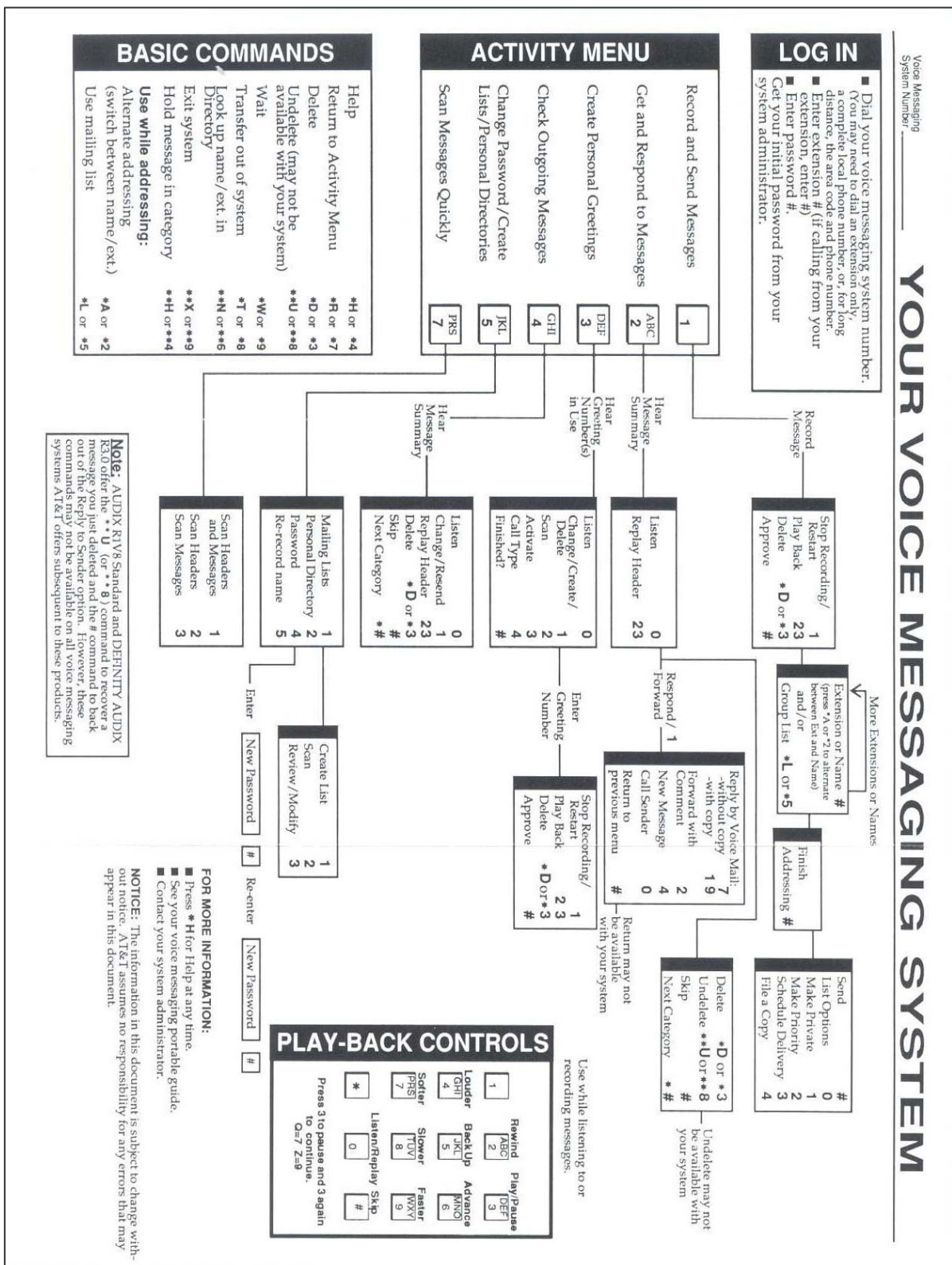
Note: EDS does not supply claim forms. Providers must purchase claim forms.

Provider Request Duplicate Remittance Advice

When a provider's office calls to request a duplicate remittance advice (RA), you must determine if the request is for an RA that is more than one year old.

- If the RA is more than one year old, the provider must write to Written Correspondence to request the duplicate RA, because there is a fee of \$.10 per page for an RA older than one year.
- If the RA is not more than one year old, the representative should complete the form located at *L:\Client Services\CS CA Repository\Forms\Remittance Advice*.

Appendix A: Voice Mail Instructions



Appendix B: Recording Time

Table B.1 – Client Services Time Recording Activity Guide

Category	Network Code	Operation	IN XIX Activity Definition
Client Support	4048683	0115	Non-technical Phone Staff: Client Services, Recipient, TPL, PVS, and POS phone calls. Includes research and follow-up activities directly related to calls.
Continual Improvement	4048683	0220	Action teams, flowcharts, and departmental CI meetings.
Documentation	4048712	0015	Systems documentation, provider manual, operational and desktop manuals, and training manuals.
Employee Related	4048712	0035	Performance differentiator tools (performance assessment, peer/team/customer review, and individual development plan) and one-on-ones.
Financial	4048709	0040	Expense reports.
Internal Communication	4048712	0005	Account and team meetings where focus is primarily Medicaid-related issues. If focus is primarily on EDS internal issues, the time would be coded as Non-Project – Meeting.
Internal Coordination	4048683	0120	Coordination with other EDS internal units such as Quality, Claims, Finance, Client Services, Systems, Long Term Care, Third Party Liability, and Pharmacy.
Mail	4048683	0160	Processing of incoming and outgoing mail.
Reports	4048683	0125	Weekly status reports, QM/CM reports, and AIM reports.
Systems: Requirements, CSR, RFSR, and RSR	4048683	0200	Requirements gathering. Writing or modifying a CSR, Reference File Request (RFSR), or Research Tracking Request (RSR).
Systems: Testing and Walkthroughs	4048683	0045	Claims or systems testing, and CSR walkthroughs.
Training	4048712	0070	Medicaid-specific training (on-the-job training); includes participation in training and/or delivery of Medicaid-specific training.
Training Coordinator Only	4048712	0065	Creation of training materials or training programs for EDS employees, creation of weekly updates for training purposes. Assembly of banner pages and bulletins into reference guides for phone staff.

Table B.2 – Types of Absences

Code	Type	Definition
1000	Bereavement	Time off work for a death in your immediate family (parents, spouse, children, brothers, or sisters) as granted by your leader.
1010	Floating Diversity Day	Time off due to a floating diversity day (a day of personal significance) previously approved by your leader.
1020	Excused Absence	Time off that is approved by your leader according to locally established procedures (such as Comp time, Doctor or Dentist appointments, etc.).
1040	Illness	Time off due to illness (you must notify your leaders as soon as possible and supply appropriate medical documentation).
1050	Jury Duty	Time off due to jury duty.
1060	Personal Day	Time off due to personal reasons (including recognition time off) as previously approved by your leader.
1070	Vacation Day	Vacation time previously approved by your leader.
2000	Medical Leave	Time off due to medical leave (as previously granted by your leader due to injury, illness, or maternity) or family medical leave under the Family and Medical Leave Act.
2010	Military Leave	Time off due to military obligations for uniformed services of the United States as an enlistee, inductee, National Guardsman, or reservist for active duty, including initial active duty from training or military training duty, including reasonable time for traveling to and from such duty.
2030	Personal Leave	Time off due to personal reasons (including recognition time off).
3010	Holiday	Time off for a holiday recognized according to local guidelines.

Helpful Hints On How To Record Your Time

- Access the Time Recording System at <http://pwb.mm.inxix.sod.eds.com/Administrative>
- Under “Time Recording,” click on PIV Time Tracking v6.0.
- Enter your user name and password, and begin entering your time.
- Log time **daily**. Otherwise, it will be very difficult to remember how time was spent.
- Weekly time should be released to the Time Administrator no later than close of business Sunday.
- Monday morning and Friday afternoons will be the busiest time on the Time Recording system.
- Record time in 15-minute increments.
- Log 100 percent of actual time worked.
- On-call time is not work time; only log actual effort spent working during on-call time.
- The default work schedule is Monday-Friday with eight hours per day.
- Employees who work Saturday or Sunday should record their time on those days even though they will receive a warning from the system.
- An employee cannot record absences on Saturday or Sunday; the absence should be marked on a day the employee was not scheduled to work.
- An employee can use attendance types on Saturday or Sunday.
- Effort represented by attending general EDS Town Halls should be recorded as an attendance type.
- Time recording passwords expire every 30 days. An employee will receive a prompt to change his/her password. Passwords must be five to eight characters long.
- An employee can adjust his/her time one week back and can enter time two weeks forward from the current date.

Index

[

A

Absences B-2
AUX Reason Codes 2-1

B

Breaks..... 1-1

C

Checks
 voiding..... 2-4
Claims Research..... 2-3

H

Hours of Operation..... 1-1

L

Logout Reason Codes..... 2-2
Lunch..... 1-1
Lunch Break Schedule..... 1-2

O

OnDemand 2-2

P

Personal Time..... 1-2
Phone System Login Instructions 2-1

]

Problem Calls..... 2-2
Provider Certification Codes..... 2-4
Provider Forms Request..... 2-5
Provider Request Duplicate Remittance
 Advice 2-6

R

Recording Time B-1
Requests
 Claim Pull 2-4
 Reprocessing 2-4

T

Time Recording Activity Guide..... B-1
Time Tracking Systems 1-2

U

Unscheduled Time Off..... 1-1

V

Vacation 1-2
Voice Mail Instructions..... A-1

